- ---- = > = = ---

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 9/30/2004 2 Serial/Patent # 09/854,703					
3 Please refund the following fee(s):		4 PAI	PER ABER	5 DATE FILED	6 AMOUNT
	Filing				\$
	Amendment				\$
	Extension of Time				\$
	Notice of Appeal/Appeal				\$
	Petition				\$
	Issue				\$
	Cert of Correction/Terminal Disc.				\$
	Maintenance				\$
	Assignment				\$
è	Other	9		1/23/04	\$ 345
		7 TOTAL AMOUNT OF REFUND			\$ 345
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
1	Overpayment		С	redit Dep	osit A/C #:
	Duplicate Payment		9		
	No Fee Due (Explanation):				
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: MARIANNE TENKINS TITLE: DALALEGAL					
SIGNATURE: Sphine Guling PHONE: 272-3223					
OFFICE: PETITOMS  ***********************************					
- Constant   Constant					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hard-carry to: